



JUXTAPID PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Repeat: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with homozygous familial hypercholesterolemia (HoFH) who are following a low-fat diet (supplying less than 20% of calories from fat) and have failed to achieve maximum results from LDL-apheresis or are not candidates for LDL-apheresis (due to clinical reasons or proximity to treatment center)
- ❖ Member must have tried and failed a high-dose statin medication and at least one of the following: Ezetimibe (Zetia), Niacin, or Colesevelam (Welchol).
- ❖ Prescribers should submit documentation of a genetic test or clinical evidence confirming HoFH as well as LDL-C, ALT, AST, alkaline phosphatase, and total bilirubin test results. For female members of reproductive potential, prescribers should also submit documentation of a negative pregnancy test obtained prior to treatment initiation.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.